

BRIEF TO THE ROYAL COMMISSION ON THE WORKMEN'S COMPENSATION ACTGOLD MINERS' CHEST PROBLEMS

May I express my sincere appreciation for the opportunity to make a submission to this Commission set up to examine the Workmen's Compensation Board.

The Brief is not a scientific document. It is merely a layman's observations of conditions and problems which have come to my attention over many years. It is based on both my personal experience as a gold miner and associations with gold miners for over 30 years. More particularly it is based on the many hundreds of problems which have come to my attention in my duties as an M.P. for a gold mining area for the past 10 years.

It is true that Workmen's Compensation is a provincial matter and I am a federal M.P. but this does not alter the fact that I get an average of about 15 compensation cases per week to deal with, which clearly is an indication of the severity of the problem. These range from simply giving advice or making out reports, to presenting appeals to the Appeal Tribunal and indeed to the Board itself.

In accordance with the telephone conversation held yesterday, I am confining this Brief to the problems pertaining to chest conditions and I hope to bring certain other problems and suggestions to your notice at a future date.

This Brief will deal with three main points. The adequacy of the term "Industrial Diseases" as it pertains to gold miners. The adequacy of the detection of the disease silicosis at the present time, and finally the situation of actual silicosis pensioners who succumb from conditions other than the one for which they were receiving a pension.

The problem of chest conditions or disabling conditions pertaining to the pulmonary tract is one which has plagued the mining industry and more particularly the gold mining industry throughout its history.

It is rare indeed to find a gold miner who has worked more than 20 years underground or has been exposed to silica dust in the mill or crusher house, who does not suffer from the problem of short breath, pain and discomfort in the chest, excessive coughing, etc.

Have Mill union also made . . . 2

It is all too familiar a pattern. My files are filled with the cases of gold miners in their early sixties, in their fifties and even quite a number in their forties who are so seriously disabled that they are prevented from earning their living except in the lightest possible jobs, if and when such are available, and they receive no pension.

It must be kept in mind that these men cannot be considered to be average men. The Silicosis Act of Ontario, Section 2 provides, with penalties for violation, that "no person shall be employed in an industrial process involving a silica exposure - - - unless he is the holder of a health certificate issued under the Regulations".

This clearly has eliminated from the ranks of gold miners any man who might have any pulmonary defect, present or past. Furthermore, the law required these men to be re-examined at least yearly as long as they continue to work under exposure to such silica dust. It is obvious that these men are, and continue to be, in a very carefully selected category.

Why, under such circumstances, do we find so many of these picked men, who should normally be in the prime of life, to be instead mere shells of the men they were just a few years before, to be physically unable to earn their living and to be forced to fall back on the welfare rolls of their municipalities.

My submission is that the reasons are two-fold. First the definition of "Industrial Diseases" as it pertains to gold miners is too restrictive. Secondly, the methods of detecting the disease silicosis as defined in the Workmen's Compensation Act are not adequate to cope with the problem.

To my knowledge the only Industrial Diseases of gold miners recognized as compensable by the Workmen's Compensation Board are silicosis and pneumoconiosis. In recent years, through better ventilation methods in mining, and possibly through the process known as aluminium dust therapy, there has been a marked decline in the number of compensation claims established for these diseases.



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However, this has not been accompanied by a similar decline in the number of gold miners who have become partially or totally disabled as a result of chest ailments. Rightly or wrongly, the feeling is widespread throughout the gold mining communities that aluminium dust therapy, for example, has been more successful in hiding silicosis than in curing or preventing it.

The feeling is widespread that the many diseases now being diagnosed as emphysema, bronchitis, asthma, etc. and even carcinoma of the lungs are caused by, or have a definite relationship to, the damage done to the pulmonary tract by exposure to the dusts of the gold mining industry.

I must frankly admit that I do not have technical evidence or statistical data to make an irrefutable case in this field. Furthermore, I have neither the facilities nor indeed the time to pursue this matter as I feel it should be pursued. I can only relate the facts and describe the situation as I have found it from personal contact and observations.

The symptoms of silicosis and pneumoconiosis are almost identical. The only difference in their definition is that silicosis is defined as resulting from exposure to silica dust while pneumoconiosis results from exposure to dust.

In far too many cases, men have endeavoured for years to establish a silicosis pension without success. Ashing of lung tissue at post mortems, or in some cases post mortem alone, has proven at last that they did indeed suffer from silicosis; in some cases advanced stages of silicosis. (See Appendix A)

As you can see this imposes unfair and unwarranted deprivation, anxiety, and suffering on such workmen and their families.

Whether existing methods of detection can be improved is a question only Medical Science can answer. However, failing any improvement in detection, the onus seems to be on the Workmen's Compensation Board to relax the strictness of present decisions and grant a greater degree of "benefit of doubt" to such workmen.

The families of past and present workmen who were or are receiving a pension for silicosis are faced with a serious problem. If the death certificate of any such pensioner shows as the cause of death

anything other than "death due to silicosis", the family is cut off without a cent.

This appears to be unfair for more than one reason. It leaves the family at the mercy of a possible typographical error in some doctor's office. It is a well known fact that most, if not all, of our doctors, are severely overworked and just do not have the time they themselves would like to devote to each case.

Different doctors may make a different diagnosis of any given patient. I know and can supply evidence where one death was diagnosed by three different doctors as follows:

1. Carcinoma of the aesophagus; 2. Cerebral hemorrhage; 3. Coronary thrombosis. In this case, a post mortem was carried out by special order of the deceased man and number 3 was confirmed as the actual cause of death.

In most cases, however, no post mortem is carried out and this could lead to unintentional errors which could impose a lasting financial penalty on the family of the deceased pensioner.

Last, but far from least, I have discussed this situation with many doctors and all agree that badly impaired or damaged lungs place a great stress on the heart and other vital organs, and there is a strong possibility that these over-taxed organs fail long before their normal time because of the industrial disease suffered by the pensioner.

Unfortunately, there have been no studies made in this field that I have been able to find. It would seem desirable that such a study be made, and pending decisive results of such study, that greater consideration be given to such cases.

To sum up it would seem that in view of the numerous problems arising consistently in the gold mining industry that the following steps should be taken.

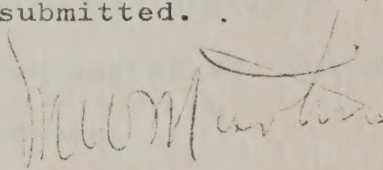
1. Studies should be undertaken and steps taken to ensure that the present definition of industrial diseases as it pertains to gold miners is, in fact, adequate to cover and protect men in this industry.

2. That if present methods of detecting the diseases silicosis and pneumoconiosis cannot be improved, steps be taken to give greater

consideration to the "Benefit of doubt" clause to ensure fairness to these workmen and avoid unnecessary financial privation to the families of men who eventually prove to be eligible for benefits.

3. That greater consideration and study be given in cases where silicosis pensioners die from some ailment other than their compensable one. Thus, if it is reasonable, or logical to conclude that the fatal ailment could have been caused or hastened by the compensable disease from which the man suffered, then the family of the deceased pensioner shall continue to be covered.

All of which is respectfully submitted. .

A handwritten signature in cursive script, appearing to read 'Murdo Martin', written in dark ink.

Murdo Martin, M.P.

Re: Claim# 3615016 - Luigi Perosini (deceased)

This man endeavoured unsuccessfully for 11 years to obtain a pension for Silicosis. He was consistently refused on the grounds "He did not have Silicosis according to the Act".

Then he was killed in an automobile accident. The Insurance Company representing the other party to the accident attempted to cut down on the settlement on the grounds that as Mr. Perosini suffered from "advanced Silicosis" his earning capacity was severely curtailed.

The death certificate does, in fact, seem to bear this out and the case is now before the Board for study and decision.

Enclosed are copies of a letter and of the autopsy report as it pertained to the lungs of the dead man.

It possibly should be noted that even if a favourable settlement is made now it is some 13 years after the man first made application for his pension and this is rather a long time to wait for a just settlement.

THE WORKMEN'S COMPENSATION BOARD

60 HARBOUR STREET, TORONTO 1, ONTARIO TELEPHONE 362-3411



March 24th, 1966.

Mr. Murdo Martin, M. P.,
Member for Timmins,
House of Commons,
Ottawa, Ontario.

Dear Mr. Martin:

Claim 3615015 - Luigi Perosini

There has been some delay in acknowledging your letter of March 10th as it was necessary to reconstitute this file from our microfilm records.

The letter dated September 30th, 1965 to Mrs. Perosini from her attorney indicates that the autopsy report indicates Mr. Perosini had advanced silicosis.

Under this claim Mr. Perosini was last examined by the Silicosis Referee Board on June 6th, 1957 following this he was advised in a letter dated June 26th, 1957 that his examination did not show silicosis was present and no further action would be taken in his claim.

If Mrs. Perosini wishes further action in this claim, we will be pleased to review the findings in the autopsy report if she will have this forwarded to us. Enclosed is a copy of my letter to Mrs. Perosini explaining these circumstances.

Yours very truly,

CLAIMS DEPARTMENT

D. Farquharson
Administrative Assistant.

D. Farquharson:le
Enclosure.

WHEN WRITING THE BOARD PLEASE QUOTE ABOVE FILE NUMBER

D. MICROSCOPIC AND LABORATORY FINDINGS (IN BRIEF)

1. Myocardium - The heart muscle shows a moderate degree of fragmentation.
2. Kidneys - Show congestion of vessels, cloudy swelling of tubular epithelium, and a few areas of fibrosis.
3. Lungs - Both lungs show generalized oedema and some emphysema. There is a marked degree of fibrosis throughout, and areas of pneumoconiosis.
4. Liver - Shows only passive congestion.
5. Brain - Shows oedema and congestion only.

E. X-RAY FINDINGS (IN BRIEF)

None taken

F. SUMMARY OF ABNORMAL FINDINGS

1. Abrasions and bruises of face.
2. Deep lacerations of face and scalp.
3. Complete fracture of shaft of Lt. femur.
4. Complete disruption of pelvis.
5. Fracture of 1st and 2nd ribs Rt. side.
6. Fracture of seven upper ribs Lt. side, causing perforation of the parietal pleura, haemothorax, and superficial laceration of the heart.

----Continued on next page

G. CAUSE OF DEATH

I hereby certify that I have examined this body, have opened and examined the above noted cavities and organs as indicated, and that in my opinion the cause of death was—

Immediate Cause: Traumatic rupture of aorta resulting in massive posterior mediastinal haemorrhage.

Contributing Causes : Multiple injuries to chest and abdomen.

Dated this 19th day of October 1964, at Timmins

E.W. Hameraki
E.W. Hameraki, M.B., Ch.B.

for the _____ of _____

SUMMARY OF ABNORMAL FINDINGS cont'd:

Supplementary Space (for extended descriptions)

7. Myocardial degeneration, moderate.
8. Atherosclerosis of Aorta, both renal and iliac arteries.
9. Traumatic rupture of descending thoracic aorta, resulting in massive posterior mediastinal haemorrhage.
10. Generalized oedema of both lungs.
11. Partial collapse Lt. lung.
12. Marked fibrosis with areas of pneumoconiosis and emphysema, both lungs.
13. Multiple lacerations and passive congestion of liver.
14. Cholelithiasis.
15. Traumatic complete rupture of sigmoid and tear of its attachment causing moderate intra-abdominal haemorrhage.
16. Multiple subserosal focal haemorrhages of small intestine.
17. Arteriosclerosis of both kidneys

1-20 Lawrence H. B. B. B.
Pathologist

NOTES

1. In the case of organs not examined, write the notation, "not examined" in the appropriate space.
2. Describe injuries by continuity.
3. If more space is required, for the detailed description of important conditions, use the space indicated above, or attach hereto, a separate sheet, giving the number of the section to which reference is made.
4. Each separate sheet must carry the signature of the pathologist.

Average weight and size of normal organs in adults.

	Male	Female
1. Brain	1450 gms (50 oz)	1250 gms (45 oz)
2. Lungs—Right	625 gms (22 oz)	500 gms (18 oz)
—Left	565 gms (20 oz)	425 gms (15 oz)
3. Liver	1450 gms (50 oz)	1275 gms (45 oz)
4. Spleen	150 gms (5½ oz)	140 gms (5 oz)
5. Kidney	145 gms (5 oz)	145 gms (5 oz)
6. Pancreas	90 gms (3 oz)	85 gms (3 oz)
7. Heart	325 gms (11 oz)	275 gms (9 oz)
8. Cardiac Valves circumferences.		
Tricuspid	4 inches—admits 3 fingers	
Mitral	3¾ inches—admits 3 fingers	
Aortic	2¾ inches	
Pulmonary	2⅞ inches	

BRIEF TO THE ROYAL COMMISSION ON THE WORKMEN'S COMPENSATION ACT ON FAULTS
AND SHORTCOMINGS OF THE ONTARIO WORKMEN'S COMPENSATION ACT AS IT AFFECTS
THE TIMMINS REGION

1. APPEAL PROCEDURE:

First, let it be clearly understood I have no criticism of any individuals from the members of the staff right up to the Appeal Tribunal and the Board itself.

On the contrary, I have found nothing but complete cooperation, sympathetic understanding and prompt service, in whatever dealings I have had with individuals from the staff. The members of the Board and the Appeal Tribunal I have found to be men of great capability, and endowed with sympathy and understanding. The number of cases I have handled personally before these two bodies which have resulted in favourable decisions attests to their fairness, sympathy and understanding.

However, by the same token, the number of favourable decisions granted at this stage leads one to believe the system is at fault when cases have to go this far. We must realize that this involves months, and in some cases years of anxiety and deprivation on the part of the workmen and their families. While it is a wonderful experience when their case is finally won, how much better it would be if they did not have to go through all this delay and anguish before a favourable decision is reached.

It is my belief that the problem is two-fold. First, the distance involved. The mining and bush areas of Timmins are almost 500 miles from Toronto and this automatically causes delays. Study should be made with a view to opening a district office in the Timmins region. Even with a small staff, I feel this would go a long way to eliminate delays, and also assist in solving other problems which I will outline later.

The second factor is that members of the staff of the Compensation Board are not adequately familiar with the working conditions faced by these injured workmen. This could be overcome in one of two ways: either recruiting staff from these fields, who have worked in the industry, or in training staff members even to the extent of having them work for some period of time in the industry.

For senior staff members such as Appeal Tribunal and Board members, efforts should be made to have them visit sites of mining or bush working at every possible occasion, so they would actually see the conditions faced by these injured workmen.

2. DELAYS IN PROCESSING CLAIMS:

In 1965, in the Town of Timmins alone, the families of 37 injured miners had to fall back on Municipal Welfare while waiting for their first cheque to come through from the Board.

This is inexcusable and something has to be done to correct it. Grocery stores, gas companies and Hydro accept no excuses. You pay your bills or you are cut off.

This forces the wife of the injured workman to line up with all the other welfare recipients for assistance which has to be paid back when the Compensation cheques finally come through. It is often a humiliating experience and one to which she should not be subjected.

But picture the anguish and mental strain for the injured workman. He is wondering first how serious his injury is. When will he be able to go back to work? Will he recover sufficiently to provide for his living? What is going to happen to his wife and family? Why is his compensation not coming through? These extreme conditions cause some workmen such anxiety that it not only impedes their convalescence but could result in permanent mental or psychological damage.

3. INABILITY OF WORKMEN TO AVAIL THEMSELVES OF THE ACT:

The Compensation Act is quite clear and has been given good coverage. It states clearly that the workmen MUST report their accidents. What happens when a workman is illiterate and is incapable of complying with the law? What about the workman who is so poorly educated or because of language difficulty finds it impossible to fill out a coherent report?

This probably accounts for not only some of the unnecessary delays I have mentioned, but also results in injustice and loss of legitimate claims because of errors or omissions in original claims being filed.

This, of course, is not the fault of the Board but it is a

problem that has to be dealt with. Trade Union Officials are of great help here, as are elected officials. But not all plants are organized, and public officials are not always available.

In addition I do not consider it proper that the fate of an injured workman should rest on the skill of his advocate, rather than on the seriousness of his accident.

It would seem that this is another strong argument for a local office in a region the size of Timmins, to enable people in this category to have the expert advice and guidance required by trained personnel.

4. MEN ENTICED BACK TO WORK:

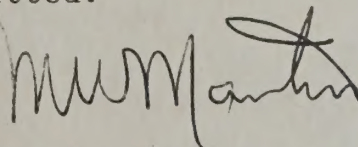
A very reprehensible practice has grown up in the gold mines. Men with quite serious injuries, broken legs or arms still in casts, etc. are enticed back to work to "Just punch in and sit around the dry". They are told: "Why get 75% wages from the Board when we will pay you full wages, just to sit around all day".

Some workmen fall for these blandishments and when complications set in some months or years after, they find they are unable to establish entitlement because there is no record of time lost due to the original accident. The efforts of Companies to hold down their lost-time accident rate is possibly understandable, but is none-the-less reprehensible and must be stopped.

These are four of the worst problems I have found in the many cases that have come to my attention over the past ten years. There are others but these seem to be the ones most in need of correction.

May I again express my thanks to the Commission for this opportunity to present the problems of the workmen of my constituency, which I feel warrant attention.

All of which is respectfully submitted.



Murdo Martin, M.P.

